

REC'D APR 11 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

9100

Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Mo Registration District No. 791
 (b) Township St. Louis Mo Primary Registration District No. 1003 Registered No. 2689
 (c) City St. Louis Mo (d) Street No. En route City Hospital #1 St. St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Harry E. Winters 536
 (a) Residence, No. 106 N. 64 St. St. 25 (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 3, 1871

7. AGE YEARS MONTHS DAYS IF LESS than 1 day,hrs. ormin.
67 1 15

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Flour mill worker
 9. Industry or business in which work was done, as law mill, bank, etc. worker
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo.

FATHER 13. NAME Joseph Winters

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER 15. MAIDEN NAME Francis De Loroche

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) France

17. INFORMANT (ADDRESS) Mrs Estelle Mous
13515 Central, Springfield Ohio

18. BURIAL, CREMATION, OR REMOVAL PLACE at St Peter & Paul DATE 3-22-38

19. FUNERAL DIRECTOR (ADDRESS) Mullen Bros
4259 Lindell Blvd

20. FILED J. P. Beecher Local Registrar.

MEDICAL PHYSICIAN'S ATTENDANCE

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/18/38 1938

22. I HEREBY CERTIFY, That I attended deceased from 19....., to 19.....

I last saw h..... alive on..... 19..... Death is said

to have occurred on the date stated above, at 4:20 m.

The principal cause of death and related causes of importance were as follows:

Chronic Interstitial Nephritis.

Arteriosclerosis.

Other contributory causes of importance:

Name of operation..... Date of.....
 What test confirmed diagnosis?..... Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide?..... Date of injury..... 19.....

Where did injury occur?..... (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....
 Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify.....
 (Signed) W. D. Fisher, M. D.
 (Address)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I, Thomas R. Fenwick

Licensed Embalmer No. 3793

hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself
L. E.

No. _____ or by _____
working under my personal supervision.

Registered Apprentice No. _____

Signed Thomas R. Fenwick

Licensed Embalmer No. 3793

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)